U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire To Report Vehicle Safety Defects

1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100748

Date Received	Repository ☐
2006 FEB -7 AM 11:12 09-JAN-2006	Reference No. 10147280

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]		
City: TWINSBURG	State: OH	Zip Code: [redacted]	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 1/17/2006

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GNEK13R[redacted]	CHEVROLET	TAHOE	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-MAY-99	PRESTON CHEVROLET			No. Cylinders 8	Gas
Original Owner ☒	Dealer's City: BURTON	State: OH	Zip Code: 44021		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 00

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
09-JAN-2006	107000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED THE ABS BRAKES PULSATED AT LOW SPEEDS, AND IT FELT AS IF THE VEHICLE WAS ON ICE. THERE WAS NHTSA RECALL CAMPAIGN 06V378000 REGARDING THE ANTILOCK BRAKES. THE VEHICLE HAD THE SAME PROBLEMS AS INDICATED IN THE RECALL; HOWEVER, IT WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN. THE VEHICLE WAS TAKEN TO THE DEALERSHIP FOR AN OIL CHANGE AND IT WAS DETERMINED THAT THIS WAS THE SAME PROBLEM AS IN THE RECALL. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY